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Dear Chairs Gilchrest and Lesser, Ranking Members Seminara and Case and the Honorable members of the Human Services Committee:

My name is Kim Forte, and I am a proud resident of Norwalk where I am raising my 7-year-old twins with my spouse Tina. I am here to testify in support of HB6617 and to share my and my spouse's experience of experiencing discrimination based on our sexual orientation under fertility laws.

I identify as a queer, lesbian woman. I started trying to get pregnant at 40 shortly after I got engaged. By that point, I already qualified for fertility benefits under NY law because of my age. After my doctors put in the claim to my insurance company to begin the process, I was informed that because I failed to engage in heterosexual sexual relations for six months prior to seeking fertility treatments, I would not be covered by the benefit. I would need to prove my infertility by engaging in six months of self-pay intrauterine inseminations, something my doctors knew that given my age, would likely be unsuccessful. IVF had much higher success rates.

During this six mos. I fought to get health coverage knowing this application of the law was discriminatory. My cisgender, heterosexual friends around my age simply went into the doctor and said, we can't get pregnant. And with those statements, they were able to receive immediate coverage for IVF treatment. We knew other gay couples who knew their sperm donors and went into doctors' offices and pretended to be couples so they would automatically get to engage in IVF, skipping the need IUIs. We chose to have an anonymous donor so we couldn't pretend.

My employer intervened and fought for my coverage. They even offered to expand our employee benefits and buy the coverage. The insurance company wouldn't budge. During those six months, my spouse and I spent upwards of \$20,000 dollars in health care costs to "prove" my infertility, but I cannot impart enough that the emotional costs of those six months outweighed our financial expenses. Putting aside the physical strain of the medication routine both oral and injectables, there are countless blood draws, sometimes several days per week for weeks at a time. And then there is the emotional toll of cycling from hope to disappointment every month. While undergoing IUIs, I suffered 2 unnecessary, painful miscarriages, one of which required me to go under anesthesia for a D&C. The other, which occurred at the end of my first trimester, sent me into a harmful short-term depression interfering with my family and work life. Despite our loss, we continued to try and ultimately, it was IVF that help make our family.

As a member of a community that will greatly benefit from this law and someone who is living in a state trying to attract more residents to its towns, I believe that passing this law will attract people to our state. It will make it a state that invests in true equity and inclusion for single parents by choice regardless of orientation and gender identify and for LGBTQIA+ couples. Statistics show that 25% of Gen Z identify other than heterosexual and/or other than cisgender and in 10 years, they will be the largest workforce and consumer force in the nation. This is move toward equity and making CT a destination for that generation.